



**City of Alton, Illinois  
Alarm Registration & False Alarm Management**

**Alarm Business Information Disclosure Form**

<b>Main Office</b>	
Legal Business Name	
Any Other "Doing Business As" Names in City	
DBA #1	
DBA #2	
DBA #3	
Federal Identification Number	
State Business Tax ID Number	
City Business License Number	
CEO/President/Owner Name	
Title	
Email Address	
Phone Number	
Address (line 1)	
Address (line 2)	
City	
State	
Zip Code	
<b>Local Branch (if any)</b>	
Local Contact Name	
Title	
Email Address	
Phone Number	
Address (line 1)	



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Address (line 2)	
City	
State	
Zip Code	
<b>Central Monitoring Station</b>	
Legal Business Name	
Primary Contact Name	
Title	
Email Address	
Phone Number	
Address (line 1)	
Address (line 2)	
City	
State	
Zip Code	
<b>Person Responsible for Ordinance Compliance ***</b>	
Contact Name	
Title	
Email Address	
Phone Number	
Address (line 1)	
Address (line 2)	
City	
State	



**City of Alton, Illinois  
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Zip Code	

\*\*\*Compliance includes:

- (1) Ensuring that Alarm Business is properly licensed with the City;
- (2) Ensuring payment of all alarm permit fees by June 1, 2010; and,
- (3) Ensuring ongoing compliance with other provisions of the Ordinance.

<b><u>Legal Information (if a Corporation/Partnership/LLC)</u></b>	
Name and Title of Officers/General Partners/Operating Managers	
Officer 1	
Officer 2	
Officer 3	
Name of Local Registered Agent/Legal Representative (a)	
Address (line 1) of RA	
Address (line 2) of RA	
<b><u>Legal Information (if an unincorporated association)**</u></b>	
Name of Owner	
Name of Responsible Associates	
Associate 1	
Associate 2	
Associate 3	

\*\*Responsible Associate includes:

- (1) Such person is designated by Alarm Company to accept service on a court summons and appear in court for an alleged violation of the Ordinance.

**Mail or Fax completed form to:  
CITY OF ALTON – ARFAM  
PO BOX 4022  
CHESTERFIELD, MO 63006-4022  
636-537-8187**

**Include a copy of City Business License referenced above.**